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House Committee on Homeland Security**

Mitigating Catastrophic Events through Effective Medical Response

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Good afternoon. Thank you Chairman Linder, Ranking Member Langevin, and members of the committee. My name is Jenny Freeman and I am here today to discuss an issue which is important to me, and affects every American: that of the ability of the government to respond appropriately to protect our citizens, in time of disaster. My comments today come, not just as those of a concerned citizen, or as one who has trained and been part of the mission and preparedness process of the National Disaster Medical System, but most importantly, as one who has actually served as part of a real deployment. I believe this provides me a perspective I could not have attained either by listening to the experiences of others or by participating in mythical demonstration or training exercises.

I am a pediatric cardiac surgeon by original training. In that process, I was trained by physicians who stressed both medicine and systems analysis. I understand how important it is to develop a system that is "automatic" so that in a critical situation, the system would have a strong foundation to work and provide the best patient care. I have started several surgical programs, run a surgical practice, and founded three businesses, two medical device companies and a Wall Street healthcare research analysis firm. I continue today to practice medicine supporting two understaffed area hospitals. I have included my biosketch and CV in the record.

Relevant to my input here, I provided services in charity settings in Nigeria and the Philippines, served on the "Defense Science Board Task Force on Defense against Biological Weapons chaired by George Poste and Michael Hopmeier in 2000 and became a member of the International Medical and Surgical Response Team East in 2003. Under the auspices of that team, I was deployed to help fill out physician requirements associated with the deployment of the Georgia-3 DMAT team to the G-8 summit in June of 2004.

My testimony revolves around what I personally observed during the G-8 deployment. I have also included in written testimony excerpts from a journal that I kept there as well as the after action report of Tim Crowley, a respected physician colleague, who described his experiences, during his deployment in the aftermath of hurricane Katrina. As a thoughtful and competent physician who wound up in a command position, the disorganization that prevented him from providing useful patient care was highly problematic. Over and over again he saw physician and medical resources squandered – his team remained in Baton Rouge being told there was no mission while the staff at the key West Jefferson location were crying for help. When they finally got to West Jeff and in turn asked for assistance the same sad story was repeated with

other teams and team members being held at irrelevant locations with nothing to do. I should note that, upon Dr. Crowley's return from the Katrina operation, he resigned from the ImSURT/DMAT team in disgust at the lack of preparation, organization and mission knowledge demonstrated by the management structure of the NDMS system.

I remain on the team, although after this testimony I may never be chosen to deploy again. To date, I have trained with the team for two years, been part of the ready team for missions including Pakistan, Katrina and Bam, Iran and actually deployed for support of the G8 meeting in Georgia, June, 2004. I believe that this direct experience allows me to draw a number of conclusions which are based on real observation. This may provide input different from that many of you may receive from those who have merely studied, but never been part of, a real event.

I was concerned from the time I received briefing materials before we even left for the G8 and I began a journal my first night. The first paragraph reads as follows: June 6, 2004: "Based on my first night at the MACC sick call station, it became apparent that it would be useful if I had a better understanding of the mission of this particular facility, a specified set of goals and objectives, a clearer understanding of protocols under which to operate, a list containing primary and secondary contact information, a better understanding of available resources and as much of a secondary action plan as could be disclosed. If I had these things, I believe that I would be able to be a better resource to FEMA/NDMS." Four days later I left with no better information or understanding. I believe that this represents a microcosm of the bigger picture.

First and foremost, from what I have seen, I believe that there is a nearly complete lack of understanding of the role of the DMAT in a national disaster and that this stems from the even greater problem at the very highest policy levels as to the role of the Federal Government in responding to disaster. While I admit that my observation comes from one who is not at the policy level, it has sadly been born out by the abject failure of our nation, at almost all levels, to effectively respond to the recent events surrounding Katrina, to the Chiron debacle surrounding influenza vaccine last year, and what I see as the obvious lack of preparedness surrounding the possible emergence of avian influenza that we should be addressing now. In my mind we are still sorely under-prepared for the H5N1 flue strain despite longstanding predictions and even the Chiron wake up call. These flues and hurricanes that I mentioned are examples of known cyclic events that could be well prepared for yet we have not been able to develop a proactive plan to mitigate the effects of even such expected disasters. In my mind this bodes extremely poorly for the greater unknowns we might face in a bioterrorism scenario.

Due to this fundamental lack of a clear mission and set of goals the medical response system was unable to effectively plan and execute even a scheduled mission such as the G8. In my mind, it is unlikely that ANY NDMS mission has ever been optimally conducted. I wish to note, most strenuously, that this is not due to a failing of dedication or professionalism at the operational level, but primarily due to a lack of direction and guidance from the very highest levels of homeland security and medical preparedness. My colleagues and I have dedicated considerable time and effort, taking tolls on both our personal and professional lives, to volunteer to support this truly laudable mission; however we have been let down and not supported in these efforts.

I believe, based on my experience, and discussion with colleagues that of many that the following are fundamental issues that *must* be addressed;

1. There is a genuine need, and role, for NDMS in responding to a disaster, and it is the role of the Federal Government to provide the guidance, support & impetus for this mission to occur.
2. Any response to a disaster is not just a *medical* response, but is instead a combination of many factors, including logistics, management, training, transportation, security, etc. To respond effectively, it is necessary that all of the factors be considered systemically, not as a variety of isolated bits and pieces. In my opinion, such an important system must be tightly structured and staffed at least in greater proportion by professionals and not relegated solely to a volunteer based organization.
3. Until we have clear, rational and accurate guidance as to what we, as medical professionals, will be required to train and prepare for, we will all act as individuals, doing the best we can in an extremely suboptimal manner, and the result will continue to be significant injury and death to the people as a physician it is my job to treat. The recent focus on standardization of medical care through evidence based medicine has helped physicians transcend the responses of individuals acting on isolated experiences and this has dramatically improved outcomes. Similar structure and standardization will be required to improve our track record at disaster management.
4. While the political one-ups-man-ship concerning the results of Katrina and past disasters is certainly entertaining and results in higher viewer ship on the nightly news, until a realistic, objective, and undoubtedly painful review of all levels of our nation's response to disaster is done, this is nothing more than a sideshow providing circuses for the masses.

If my last comments seem frustrated, they are. I have dedicated my life, from the time I first took the Hippocratic oath, until today to saving lives. I see here the potential to save very many lives thwarted by an inadequate and failing system

I wish to close with a personal note; I have two children. They will, some day I hope, have the opportunity to start families and raise children of their own. I hope they never have to face a disaster such as the poor victims of Katrina, or the people of Pakistan, must today. If they are involved in a disaster, however, I sincerely hope that our nation is better prepared to face it, and protect them, than it has been to date. I, as a mother, physician and citizen, charge you with the responsibility of leading us to a better state of preparedness.

Again, thank you very much for this opportunity to testify and I am prepared to take any questions you may have.